

**State of New Hampshire  
Department of Health and Human Services  
Division of Public Health Services  
Health Statistics and Data Management**

**New Hampshire Uniform Health Facility  
Discharge Data Set  
5010 Companion Guide**



**Version 4**

**May 20, 2015**

## ***Revision Log***

<b>Version</b>	<b>Date</b>	<b>Description</b>
1	04/14/2015	Original Version
2	04/15/2015	Removed A11.6
3	5/07/2015	Corrected Numbering
4	05/14/2015	Inserted Note: Avoid using "&" and "," within segments
5	5/26/2015	Updated footers, added more information to Introduction, and re-named document

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## ***Introduction***

This document is an addendum to Version 7 (6/30/2011) of the **New Hampshire Health Care Facility Discharge Data Submission Manual** prepared by Onpoint Health Data. It provides guidelines for creating an ANSI ASC X12-837 Version 5010 file as it is implemented for the New Hampshire CHAPTER He-C 1500 Data Submission and Release of Health Care Facility Discharge Data. The guidelines are based on the "**Institutional Side by Side 4010A1 to 5010**" document found on the following Centers for Medicare & Medicaid Services (CMS) website:

<http://www.cms.gov/site-search/search-results.html?q=837%204010%205010>

A prior addendum for migrating to 5010 format was released to reporting facilities in early 2014, which can be found on the NH UHFDDS Publications page at: <http://www.dhhs.nh.gov/dphs/hsdm/hospital/documents/addendum-submissionmanual.pdf>. This updated addendum has been changed to more accurately and easily reference it as the 5010 Companion Guide, but the current addendum may also be utilized if needed.

## **ICD-10 Implementation**

The State will follow the CMS guidelines and schedule for implementation of ICD-10 on October 1, 2015. Hospitals will need to migrate to the 5010 file format in order to submit diagnosis and procedure codes in ICD-10. Please note that ICD-9 codes are still accepted in the 5010 formatted file. New qualifier codes are used to distinguish between an ICD-9 code and an ICD-10 code. Detailed information on the coding of each relevant segment is included in this document.

## **Previously Submitted 5010 Files**

For those hospitals who have been submitting their monthly/quarterly discharge data in 5010 formatted files, every effort will be made to process those files successfully. However, it is expected that these hospitals will review the guidelines in this addendum and compare them with the 5010 format that the hospital is currently using. Please note the discrepancies and then discuss them with the State. In some cases, the State may require a modification for your future submissions. The State will also use previously submitted 5010 files for test purposes and will then convey the results to you.

## **Contact Information**

Questions and feedback regarding the contents of this addendum may be sent to the following contacts:

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## **Segment Review and Submission Requirements**

The Segment Review Section lists segments in the order they must appear in the X12-837 submission file. The segment section includes instructions on how to implement the data elements that will make up the segment. The data element instructions will either:

- \* Demonstrate how to implement the segment data elements as indicated in the ANSI ASC X12 Implementation Guides

- \* Display with format (length/type) and/or data values specific to the data elements required for the New Hampshire Health Care Facility Discharge Data Submission implementation.

Note: The Data Type column will be an AN, N, R, ID, DT, or TM (Alpha Numeric, Numeric, Decimal, Identifier, Date, or Time) and carry the following meanings.

- \* AN data type allows all alpha numeric characters and is left justified
- \* N data type allows only numeric characters (no decimals) and is right justified
- \* R data type allows only numeric characters (with decimals) and is right justified
- \* ID data type allows all alpha numeric characters and is left justified
- \* DT data type allows only eight (8) digital dates as CCYYMMDD
- \* TM data type allows only four (4) digital times as HHMM

Note: Avoid using "&" (ampersand) and "," (comma) within segments.

Generic Segment Note: This document does not list all data elements in each segment if they are not required for X12 syntax or for this submission. Any data reported in unlisted data elements will not be processed or stored.

### **A11.2 ISA Interchange Control Header (Header) - Required**

ISA01	ID	2/2	Must equal "00"
ISA03	ID	2/2	Must equal "00"
ISA05	ID	2/2	Must equal "ZZ"
ISA06	AN	15/15	Must equal facility federal Tax ID (with no leading zeros)
ISA07	ID	2/2	Must equal "ZZ"
ISA08	AN	15/15	Must equal "DHHS-NHHDD"
ISA09	DT	6/6	Must equal Submission Date - YYMMDD format
ISA13	AN	9/9	Must equal Interchange Control Number (same value as Interchange Control Trailer, IEA02, and Functional Group Header, GS06, and Functional Group Trailer, GE02)
ISA16	AN	1/1	Must equal Component Element Separator, ":"

### **A11.3 GS Functional Group Header (Header) - Required**

GS01	ID	2/2	Must equal "HC"
GS02	AN	2/15	Must equal Medicare Provider Number (with no leading zeros)
GS03	AN	2/15	Must equal "DHHS-NHHDD"
GS04	DT	8/8	Must equal "CCYYMMDD"
GS05	TM	4/8	Must equal "HHMM"
GS06	AN	1/9	Must equal Interchange Control Number (same value as Functional Group Trailer, GE02 and Interchange Control Number, ISA13)
GS07	ID	1/2	Must equal "X"
GS08	AN	1/12	Must equal 005010X223

### **A11.4 ST Transaction Set Header (Header) - Required**

ST01	ID	3/3	Must equal "837"
ST02	AN	4/9	Must equal Transaction Set Control Number (same value as SE02)

### **A11.5 BHT Beginning of Hierarchical Transaction (Header) - Required**

BHT01	ID	4/4	Must equal "0019"
BHT02	ID	2/2	Must equal "00" or "18"
BHT03	AN	1/50	Must equal File Sequence and Serial Number
BHT04	DT	8/8	Must equal Processing Date - CCYYMMDD format
BHT05	TM	4/8	Must equal Processing Time "HHMM"
BHT06	ID	2/2	Must equal "31, CH or RP"

### **A11.6 NM1 Submitter Name (1000A) - Required**

NM101	ID	2/3	Must equal "41"
NM102	ID	1/1	Must equal "2"
NM103	AN	1/60	Must equal Submitter/Facility Organization Name
NM108	ID	1/2	Must equal "46"
NM109	AN	2/80	Must equal facility federal Tax ID

### **A11.7 PER Submitter EDI Contact Information (1000A) - Required**

Data elements below are required for X12 syntax.

PER01	ID	2/2	Must equal "IC"
PER02	AN	1/60	Must equal Submitter Contact Person Name
PER03	ID	2/2	Must equal "TE"
PER04	AN	1/256	Must equal Submitter Contact Person Telephone Number
PER05	ID	2/2	Must equal "EM" or "FX"
PER06	AN	1/256	Must equal Submitter Contact Person Email Address or Fax #

### **A11.8 NM1 Receiver Name (1000B) - Required**

NM101	ID	2/3	Must equal "40"
NM102	ID	1/1	Must equal "2"
NM103	AN	1/60	Must equal "DHHS-NHHDD"
NM108	ID	1/2	Must equal "46"
NM109	AN	2/80	Must equal Receiver Primary ID

**A11.9 HL Billing/Service Provider Hierarchical Level (2000A) – Required**

HL01 N 1/12 Must begin with 1 for the first HL01 in the transaction and be incremented by 1 each time an HL is used within the transaction. Only numeric values are allowed in HL01. The same value should also be reported in every subordinate Subscriber Hierarchical Level HL02.

HL03 ID 1/2 Must equal "20"

HL04 ID 1/1 Must equal "1"

**A11.10 Billing Provider Name (2010AA) - Required**

NM101 ID 2/3 Must equal "85"

NM102 ID 1/1 Must equal "2"

NM103 AN 1/60 Must equal Billing/Service Provider Organization Name

NM108 ID 1/2 Must equal "XX"

NM109 AN 2/80 Must equal National Provider Identification (when available)

**A11.11 Billing Provider Address (2010AA) - Required**

N301 AN 1/55 Address Line 1

N302 AN 1/55 Address Line 2

**A11.12 Billing Provider/City/State/Zip (2010AA) - Required**

N401 AN 2/30 City

N402 ID 2/2 State

N403 ID 3/15 Zip Code

N404 ID 2/3 Country Code

**A11.13 Billing Provider Tax ID (2010AA) – Required**

REF01 ID 2/3 Must equal "EI"

REF02 AN 1/50 Must equal corresponding Identification Number

**A11.14 PER Billing Provider Contact Information (2010AA) - Situational**

PER01 ID 2/2 Must equal "IC"

PER03 ID 2/2 Must equal "TE"

PER04 AN 1/256 Billing Provider Telephone Number

**A11.15 NM1 Pay-To Address Name (2010AB) - Situational**

NM101 ID 2/3 Must equal "87"

NM102 ID 1/1 Must equal "2"

NM103 AN 1/60 Must equal Pay-To Provider Organization Name

**A11.16 N3 Pay-To Provider Address (2010AB) - Required**

N301 AN 1/55 Address Line 1  
N302 AN 1/55 Address Line 2

**A11.17 N4 Pay-To Provider City/State/Zip (2010AB) - Required**

N401 AN 2/30 City Name  
N402 ID 2/2 State  
N403 ID 3/15 Zip Code  
N404 ID 2/3 Country Code

**A11.18 HL Subscriber Hierarchical Level (2000B) – Required**

Note: If the subscriber is not the same as the patient, Loop 2000C must be used for the patient information. If the subscriber is the same as the patient, Loop 2000C is not sent.

HL01 AN 1/12 Must begin with 1 for the first HL01 in the transaction and be incremented by 1 each time an HL is used within the transaction. Only numeric values are allowed in HL01. The same value should also be reported in every subordinate Patient Hierarchical Level HL02.

HL02 AN 1/12 Must contain the same value as the parent Service Provider Hierarchical Level HL01

HL03 ID 1/2 Must equal "22"

HL04 ID 1/1 Must equal "0" for subscriber as patient or "1" patient different than subscriber

**A11.19 SBR Subscriber Information (2000B) - Required**

Note: Will only process and store the subscriber information when the subscriber IS the patient.

SBR01 ID 1/1 Must equal "P"

SBR02 ID 2/2 Must equal "18" if the subscriber IS the patient, otherwise not required.

**A11.20 NM1 Subscriber Name (2010BA) – Required if subscriber IS the patient**

The following are data values for this segment if the subscriber IS the patient.

NM101 ID 2/3 Must equal "IL"

NM102 ID 1/1 Must equal "1"

NM103 AN 1/60 Must equal Subscriber's Last Name (encrypted)

NM104 AN 1/35 Must equal Subscriber's First Name (encrypted)

NM105 AN 1/25 Must equal Subscriber's Middle Name (encrypted)

**A11.21 N3 Subscriber Address (2010BA) – Required if subscriber IS the patient**

N301 AN 1/55 Must equal Subscriber's Street Address

N302 AN 1/55 Must equal Subscriber's Street Address Line 2, if applicable

**A11.22 N4 Subscriber City/State/Zip (2010BA) – Required if subscriber IS the patient**

N401 AN 2/30 Must equal Subscriber's City  
N402 ID 2/2 Must equal Subscriber's State or Province if in U.S. or Canada. If outside the U.S. or Canada, must equal "XX".  
N403 ID 3/15 Must equal Subscriber's Postal Code. **If no fixed residence, must equal "XXXXX".**  
N404 ID 2/3 Must equal Subscriber's Country Code if outside the U.S.

**A11.23 DMG Subscriber Demographic Information (2010BA) - Required if subscriber IS the patient**

DMG01 ID 2/3 Must equal "D8"  
DMG02 AN 1/35 Must equal Birth Date in "CCYYMMDD" format  
DMG03 ID 1/1 Must equal Patient Sex ("F", "M", or "U")  
DMG05 is a composite data element. The Component Element Separator (ISA16) must be used before and after the composite data element DMG05-2, "RET". Below is a DMG segment example.  
DMG05-2 ID 1/3 Must equal "RET"  
DMG05-3 ID 1/30 Must equal all defined Race and Ethnicity ("R1", "R2", "R3", "R4", "R5", "R9", "E1", or "E2")

**Example: DMG\*D8\*19880208\*F\*\*::RET:R5^:RET:E2~**

**A11.24 NM1 Payer Name (2010BB) - Required**

NM101 ID 2/3 Must equal "PR"  
NM102 ID 1/1 Must equal "2"  
NM103 AN 1/60 Must equal Payer Name or "SELF PAY" for Self Pay claims  
NM108 ID 1/2 Must equal "PI" or "XV", must be "PI" for Self Pay claims  
NM109 AN 2/80 Must equal National Plan ID when available, or "009" for Self Pay claims

**A11.25 HL Patient Hierarchical Level (2000C) - Required if subscriber IS NOT the patient**

Note: If the subscriber is not the same as the patient, Loop 2000C must be used for the patient information. If the subscriber is the same as the patient, Loop 2000C is not sent.

HL01 AN 1/12 Must begin with 1 for the first HL01 in the transaction and be incremented by 1 each time an HL is used within the transaction. Only numeric values are allowed in HL01.  
HL02 AN 1/12 Must contain the same value as the parent Subscriber Hierarchical Level HL01  
HL03 ID 1/2 Must equal "23"  
HL04 ID 1/1 Must equal "0"

**A11.26 PAT Patient Information (2000C) - Required if subscriber IS NOT the patient**

The following are data values for this segment if the subscriber IS NOT the patient.

PAT01 ID 2/2 Must equal Individual Relationship Code

**A11.27 NM1 Patient Name (2010CA) - Required if subscriber IS NOT the patient**

The following are data values for this segment if the subscriber IS NOT the patient.

NM101	ID	2/3	Must equal "QC"
NM102	ID	1/1	Must equal "1"
NM103	AN	1/60	Must equal Patient's Last Name (encrypted)
NM104	AN	1/35	Must equal Patient's First Name (encrypted)
NM105	AN	1/25	Must equal Patient's Middle Name (encrypted)

**A11.28 N3 Patient Address (2010CA) - Required if subscriber IS NOT the patient**

N301	AN	1/55	Must equal Patient's Street Address
N302	AN	1/55	Must equal Patient's Street Address Line 2, if applicable

**A11.29 N4 Patient City/State/Zip Code (2010CA) - Required if subscriber IS NOT the patient**

N401	AN	2/30	Must equal Patient's City
N402	ID	2/2	Must equal Patient's State or Province if in U.S. or Canada. If outside the U.S. or Canada, must equal "XX".
N403	ID	3/15	Must equal Patient's Postal Code. <b>If no fixed residence, must equal "XXXXX".</b>
N404	ID	2/3	Must equal Country Code if outside the U.S.

**A11.30 DMG Patient Demographic Information (2010CA) - Required if subscriber IS NOT the patient**

DMG01	ID	2/3	Must equal "D8"
DMG02	AN	1/35	Must equal Birth Date in CCYYMMDD format
DMG03	AN	1/1	Must equal Patient Sex ("F", "M", or "U")

DMG05 is a composite data element. The Component Element Separator (ISA16) must be used before and after the composite data element DMG05-2, "RET". Below is a DMG segment example.

DMG05-2	ID	1/3	Must equal "RET"
DMG05-3	ID	1/30	Must equal all defined Race and Ethnicity ("R1", "R2", "R3", "R4", "R5", "R9", "E1", or "E2")

**Example: DMG\*D8\*19880208\*F\*\*:.RET:R5^:.RET:E2~**

### **A11.31 CLM Claim Information (2300) - Required**

CLM01	AN	1/38	Must equal Patient Control Number
CLM02	R	1/18	Must equal Total Claim Charges

CLM05 is a composite data element. The Component Element Separator (ISA16) must be used before and after the composite data element, below is a CLM segment example.

CLM05-1	AN	1/2	Must equal Bill Type Facility Code Value
CLM05-2	ID	1/2	Must equal Uniform Billing Claim Form Bill Type
CLM05-3	ID	1/1	Must equal Bill Type Claim Frequency Code
CLM07	ID	1/1	Must equal "A", "B", or "C"
CLM08	ID	1/1	Must equal Assignment of Benefits Indicator, Yes "Y" or No "N"
CLM09	ID	1/1	Must equal Release of Information Code

**Example :** CLM\*01319300001\*500\*\*\*11:A:1\*\*\*Y\*Y~

### **A11.32 DTP Date-Discharge Hour (2300) – Situational (Inpatient)**

DTP01	ID	3/3	Must equal "096"
DTP02	ID	2/3	Must equal "TM"
DTP03	AN	1/35	Must equal Discharge Time "HHMM"

### **A11.33 DTP Statement Dates (2300) - Required**

DTP01	ID	3/3	Must equal "434"
DTP02	ID	2/3	Must equal "RD8"
DTP03	AN	1/35	Must equal Statement Period From and Through Dates "CCYYMMDD-CCYYMMDD format"

### **A11.34 DTP Admission Date/Hour (2300) – Situational (Inpatient)**

DTP01	ID	3/3	Must equal "435"
DTP02	ID	2/3	Must equal "DT"
DTP03	AN	1/35	Must equal Admission Date/Hour "CCYYMMDDHHMM" format

### **A11.35 CL1 Institutional Claim Code (2300) – Situational**

CL101	ID	1/1	Must equal Type of Admission Code
CL102	ID	1/1	Must equal Source of Admission Code
CL103	ID	1/2	Must equal Patient Status / Disposition Code

### **A11.36a REF Payer Claim Control Number (2300) - Optional**

REF01	ID	2/3	Must equal "F8"
REF02	AN	1/50	Must equal Document Control Number

### **A11.36b REF Medical Record Number (2300) - Required**

REF01	ID	2/3	Must equal "EA"
REF02	AN	1/50	Must equal Medical Record Number

### **A11.37 NTE Claim Note (2300) – Situational with note**

NTE01	ID	3/3	Must equal "UPI"
NTE02	AN	1/30	See below for NTE requirements

Note: Spaces equaling the data element length must be used if a data element cannot be supplied. Below are NTE segments examples:

**Example: NTE\*UPI\*FRENCH~**

### **A11.38a HI Principal Diagnosis (2300) - Required**

HI01 is a required composite data element. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1	ID	1/3	Must equal "BK" or "ABK"
HI01-2	AN	1/30	Must equal Principal Diagnosis Code
HI01-9	ID	1/1	Must equal Present on Admission Indicator Yes "Y", No "N", Unknown/No information on the Record "U", Clinically Undetermined "W" or Diagnosis code exempt from POA reporting "1"

**Example of ICD-9 Principal Diagnosis Code: HI\*BK:63491:.....Y~**

### **A11.38b HI Admitting Diagnosis (2300) - Required**

HI01 is a required composite data element. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1	ID	1/3	Must equal "BJ" or "ABJ"
HI01-2	AN	1/30	Must equal Admitting Diagnosis Code (ICD Code)

**Example of ICD-9 Admitting Diagnosis Code: HI\*BJ:30000~**

### **A11.38c HI Patient Reason For Visit (2300) - Required**

HI01 - HI03 are composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1	ID	1/3	Must equal "PR" or "APR"
HI01-2	AN	1/30	Must equal Patient Reason for Visit Code (ICD Code)
HI02-1	ID	1/3	Must equal "PR" or "APR"
HI02-2	AN	1/30	Must equal Patient Reason for Visit Code (ICD Code)
HI03-1	ID	1/3	Must equal "PR" or "APR"
HI03-2	AN	1/30	Must equal Patient Reason for Visit Code (ICD Code)

**Example of two ICD-9 Reason for Visit Codes: HI\*PR:29420\*PR:29622~**

### **A11.38d HI External Cause of Injury (2300) - Situational**

HI01 - HI03 are composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1	ID	1/3	Must equal "BN" or "ABN"
HI01-2	AN	1/30	Must equal External Cause of Injury Code (E-Code)
HI02-1	ID	1/3	Must equal "BN" or "ABN"
HI02-2	AN	1/30	Must equal External Cause of Injury Code (E-Code)
HI03-1	ID	1/3	Must equal "BN" or "ABN"
HI03-2	AN	1/30	Must equal External Cause of Injury Code (E-Code)

**Example of three ICD-9 ECodes: HI\*BN:E8786\*BN:E8800\*BN:E9586~**

### **A11.39 HI Other Diagnosis Information (2300) - Situational**

HI01-HI12 are required composite data elements that have a first through twelfth Other Diagnosis Code, respectively. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1	ID	1/3	Must equal "BF" or "ABF"
HI01-2	AN	1/30	Must equal Other Diagnosis Code
HI01-9	ID	1/1	Must equal Present on Admission Indicator Yes "Y", No "No", Unknown/No information on the Record "U" or Clinically Undetermined "W" or Diagnosis code exempt from POA reporting "1"
HI02-1 thru HI12-1	ID	1/3	Must equal "BF" or "ABF"
HI02-2 thru HI12-2	AN	1/30	Must equal Other Diagnosis Code
HI02-9 thru HI12-9	ID	1/1	Must equal Present on Admission Indicator Yes "Y", No "N", Unknown/No information on the Record "U" or Clinically Undetermined "W" or Diagnosis code exempt from POA reporting "1"

Note: A second repeat of these segments may be used to report Other Diagnosis Codes 13 through 24.

**Example reporting five other ICD-9 diagnosis codes: HI01 thru HI05:**

**HI\*BF:99591:.....N\*BF:5789:.....N\*BF:2851:.....N\*BF:5849:.....N\*BF:40391:.....Y\*~**

### **A11.40 HI Principal Procedure Information (2300) - Situational**

HI01 is a required composite data element. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1	ID	1/3	Must equal "BR" or "BBR"
HI01-2	AN	1/30	Must equal Principal Procedure Code

**Example: HI\*BR:3614~**

### **A11.41 HI Other Procedure Information (2300) - Situational**

HI01-HI12 are used for claims that have a first through twelfth Other Procedure Code, respectively. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1 thru HI12-1	ID	1/3	Must equal "BQ" or "BBQ"
--------------------	----	-----	--------------------------

HI01-2 thru HI12-2	AN	1/30	Must equal Other Procedure Code
HI01-3 thru HI12-3	ID	2/3	Must equal "D8"
HI01-4 thru HI12-4	AN	1/35	Must equal Other Procedure Date "CCYYMMDD"

**Example of two ICD-9 Other Procedure Codes:**

**HI\*BQ:3963:D8:20060413\*BQ:3964:D8:20060413~**

**A11.42 HI Occurrence Span Information (2300) - Situational**

Required when occurrence span information applies to the claim or encounter.

HI01-1 thru HI12-1	ID	1/3	Must equal "BI"
HI01-2 thru HI12-2	AN	1/30	Must equal Occurrence Span Code
HI01-3 thru HI12-3	ID	2/3	Must equal "RD8"
HI01-4 thru HI12-4	AN	1/35	Must equal Occurrence Span Period From and Through Dates "CCYYMMDD-CCYYMMDD format"

**Example: HI\*BI:70:RD8:19981202-19981212~**

**A11.43 HI Occurrence Information (2300) - Situational**

HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have additional reportable Occurrence Code conditions. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1	ID	1/3	Must equal "BH"
HI01-2	AN	1/30	Must equal valid UB-04 occurrence codes; sample values are as follows: "01", "02", "03", "04", "05", or "06"
HI01-3	ID	2/3	Must equal "D8"
HI01-4	AN	1/35	Must equal Occurrence Associated Date "CCYYMMDD"

HI02-1 thru HI12-1	ID	1/3	Must equal "BH"
HI02-2 thru HI12-2	AN	1/30	Must equal valid UB-04 occurrence codes; sample values are as follows: "01", "02", "03", "04", "05", or "06"
HI02-3 thru HI12-3	ID	2/3	Must equal "D8"
HI02-4 thru HI12-4	AN	1/35	Must equal Occurrence Associated Date "CCYYMMDD"

Note: Reportable Occurrence Code conditions may be reported multiple times.

**Example of two Occurrence Codes: HI\*BH:01:D8:20130914\*BH:17:D8:20130921~**

**A11.44 HI Value Information (2300) - Situational**

HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have additional reportable Value Code conditions. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1	ID	1/3	Must equal "BE"
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HI01-2 AN 1/30 Must equal valid UB-04 value codes sample values are as follows: "14", "15", "21", "22", "23", "37", "45", "54" or "P0"  
 HI01-5 R 1/18 Must equal Value Information

HI02-1 thru HI12-1 ID 1/3 Must equal "BE"  
 HI02-2 thru HI12-2 AN 1/30 Must equal valid UB-04 value codes sample values are as follows: "14", "15", "21", "22", "23", "37", "45", "54" or "P0"  
 HI02-5 thru HI12-5 R 1/18 Must equal Value Information

Note: Reportable Value Code conditions may be reported multiple times.  
 Example of a value code of 45 and a value amount of \$6.00: HI\*BE:45:::6.00~

**A11.45 HI Condition Information (2300) - Situational**

HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have additional reportable Condition Codes. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1 ID 1/3 Must equal "BG"  
 HI01-2 AN 1/30 Must equal valid UB-04 condition codes sample values are as follows: "02", "P1", "17", "25", "A2", "A3", "A4", or "A5"

HI02-1 thru HI12-1 ID 1/3 Must equal "BG"  
 HI02-2 thru HI12-2 AN 1/30 Must equal valid UB-04 condition codes sample values are as follows: "02", "P1", "17", "25", "A2", "A3", "A4", or "A5"

Note: Condition Codes may be reported multiple times.  
 Example: HI\*BG:17~

**A11.46 NM1 Attending Provider Name (2310A) – Required (on Inpatient)**

NM101 ID 2/3 Must equal "71"  
 NM102 ID 1/1 Must equal "1"  
 NM103 AN 1/60 Must equal Attending Provider Last Name  
 NM104 AN 1/35 Must equal Attending Provider First Name  
 NM105 AN 1/25 Must equal Attending Provider Middle Name  
 NM108 ID 2/2 Must equal "XX"  
 NM109 AN 2/80 Must equal Attending Provider National Provider ID

**A11.47 REF Attending Provider Secondary Identification (2310A) – Situational (on Inpatient)**

REF01 ID 2/3 Must equal "0B", "1G", or "G2"  
 REF02 AN 1/50 Must equal Attending Provider Secondary Identifier

**A11.48 NM1 Operating Physician Name (2310B) – Required (on Surgical)**

NM101	ID	2/3	Must equal "72"
NM102	ID	1/1	Must equal "1"
NM103	AN	1/60	Must equal Operating Physician Last Name
NM104	AN	1/35	Must equal Operating Physician First Name
NM105	AN	1/25	Must equal Operating Physician Middle Name
NM108	ID	2/2	Must equal "XX"
NM109	AN	2/80	Must equal Operating Physician National Provider ID

**A11.49 REF Operating Physician Secondary Identification (2310B) – Situational (on Surgical)**

REF01	ID	2/3	Must equal "0B", "1G", or "G2"
REF02	AN	1/50	Must equal Operating Physician Secondary Identifier

**A11.50 NM1 Other Operating Physician Name (2310C) – Required if Other declared**

NM101	ID	2/3	Must equal "ZZ"
NM102	ID	1/1	Must equal "1"
NM103	AN	1/60	Must equal Other Operating Physician Last Name
NM104	AN	1/35	Must equal Other Operating Physician First Name
NM105	AN	1/25	Must equal Other Operating Physician Middle Name
NM108	ID	2/2	Must equal "XX"
NM109	AN	2/80	Must equal Other Operating Physician National Provider ID

**A11.51 REF Other Operating Physician Secondary Identification (2310C) – Situational (if Other declared)**

REF01	ID	2/3	Must equal "0B", "1G", or "G2"
REF02	AN	1/50	Must equal Other Operating Physician Secondary Identifier

**A11.52 LX Service Line (2400) - Required**

LX01 N 1/6 This is the service line number. Begin with 1 and increment by 1 for each new LX segment within a claim.

**A11.53 SV2 Institutional Service Line (2400) - Required**

SV201	AN	1/48	Must equal UB Revenue Code
SV202-1	ID	2/2	Must equal "HC", "IV", "ER", "HP", or "WK"
SV202-2	AN	1/48	Must equal HCPCS/CPT Procedure Code
SV202-3	AN	2/2	Must equal Modifier 1
SV202-4	AN	2/2	Must equal Modifier 2
SV202-5	AN	2/2	Must equal Modifier 3
SV202-6	AN	2/2	Must equal Modifier 4
SV203	R	1/18	Must equal Total Line Item Charge Amount
SV204	ID	2/2	Must equal "DA" or "UN"
SV205	R	1/15	Must equal Service Units/Days

**Example of a revenue code 0202; HCPCS code 77052; modifiers XX and YY; total charge 154, and service units 2: SV2\*0202\*HC:77052:XX:YY\*154\*UN\*2~**

**A11.54 DTP Date - Service Date (2400) –Situational**

DTP01 ID 3/3 Must equal “472”  
DTP02 ID 2/3 Must equal “D8” for format CCYYMMDD or “RD8” for format CCYYMMDD-CCYYMMDD  
DTP03 AN 1/35 Must equal Service Date(s)

**A11.55 SE Transaction Set Trailer (Trailer) - Required**

SE01 N 1/10 Must equal Total number of segments included in a transaction set including ST and SE segments  
SE02 AN 4/9 Must equal Transaction Set Control Number (same value as ST02)

**A11.56 GE Functional Group Trailer (Trailer) - Required**

GE01 AN 1/6 Must equal Number of Transaction Sets  
GE02 AN 1/9 Must equal Interchange Control Number (same value as Functional Group Header, GS06, ISA13 and IEA02)

**A11.57 IEA Interchange Control Trailer (Trailer) - Required**

IEA01 AN 1/5 Must equal Number of Included Functional Groups  
IEA02 AN 9/9 Must equal Interchange Control Number (same value as Interchange Control Header, ISA13, GS06 and GE02)

**A12 Self Pay Claims**

Self Pay claims will be handled by treating the patient as the Subscriber, although some data elements have specific values. The SBR segment of the 2000B loop for Self Pay claims is defined below. Note that SBR09 is no longer required:

SBR01 Must equal “P”  
SBR02 Must equal “18” for self

**Example: SBR\*P\*18~**

The additional sections of the 2010BA loop, NM1, N3, N4, and DMG, will be submitted as usual for a Subscriber as patient situation.

Payer Information (NM1 segment in the 2010BB loop) for Self Pay claims is defined below:

NM101 Must equal “PR”  
NM102 Must equal “2”  
NM103 Must equal “SELF PAY”  
NM108 Must equal “PI”  
NM109 Must equal “009” for Self Pay claims

**Example: NM1\*PR\*2\*SELF PAY\*\*\*\*\*PI\*009~**

All additional loops required for a Subscriber remain required for Self Pay claims.